

MULTIPLE INDEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1.							51	
2.	/						52	
3.	/						53	
4.	/						54	
5.							55	
6.			/				56	
7.			/				57	
8.							58	
9.							59	
10.							60	
11.							61	
12.							62	
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14.							64	
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40.							90	
41.							91	
42.							92	
43.							93	
44.							94	
45.							95	
46.							96	
47.							97	
48.							98	
49.							99	
50.							100	
TOTAL IND.			2				TOTAL IND.	
TOTAL DEP.			2				TOTAL DEP.	
TOTAL CLAIMS			2				TOTAL CLAIMS	

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